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RECIPIENT INFORMATION	SENDER INFORMATION
<b>To:</b> Examiner Beena Puri <b>Voice Tel. No.:</b> (703) 306-0284 <b>Fax Tel. No.:</b> (703) 746-7188 <b>Your Ref.:</b> U.S. Application No. 09/788,552	<b>From:</b> Mercedes K. Meyer <b>Voice Tel. No.:</b> (703) 838-6561 <b>Sent By:</b> Joy L. Clay <b>Our Ref.:</b> 032751-053 <b>Total Pages (Incl. Cover Page):</b> 7

**RE:** U.S. Application No. 09/788,552**MESSAGE:**

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(BDSM 05/01)

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Patent  
Attorney's Docket No. 032751-053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of )  
Serge BRAUN ) Group Art Unit: 1633  
Application No.: 09/788,552 ) Examiner: Beena Puri  
Filed: February 21, 2001 ) VIA FACSIMILE: (703) 746-7188  
For: TREATMENT OF IMMUNE DISEASES )

**SUPPLEMENTAL PRELIMINARY AMENDMENT TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☒ Also enclosed is a Supplemental Preliminary Amendment.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☐ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted \_\_, on \_\_, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

(10/01)

Amendment/Reply Transmittal Letter

Application No. 09/788,552

Attorney's Docket No. 032751-053

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AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'T'L FEE
Total Claims	22	MINUS 22 =	0	× \$18.00 (103) =	0
Independent Claims	2	MINUS 3 =	0	× \$84.00 (102) =	0
If Amendment adds multiple dependent claims, add \$280.00 (104)					0
Total Amendment Fee					0
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

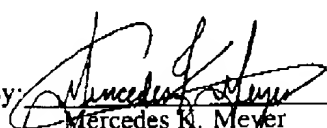
☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

  
Mercedes K. Meyer  
Registration No. 44,939

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Date: December 28, 2001

I hereby certify that this correspondence is being sent  
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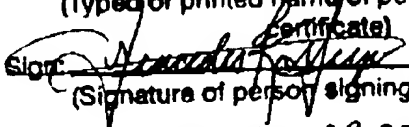
Date: December 28 2001

Name: MERCEDES MEYER

(Typed or printed name of person signing the

Certificate)

Sign:

  
(Signature of person signing the certificate)

(10/01)

Date: December 28 2001

(Date of Signature)